

# NATIONAL Assessment Centre Services

Date In 16/12/2022	Job description	Date & Time Completed	Done by
Ref NO NA/CT1220125921W	SAS e-filing		
Veh No GBK 8480 M	E-mail (within 3hrs. Aft 2hrs)		
DOA 16/10/2022	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLG 5447 H	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :**

Date/Time	Actions

NA2203493	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	16/12/2022 12:27 (SGT)
Reported by	Driver
Date of Accident	16/10/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Ang Mo Kio Avenue 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8480M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Yishun Towing Pte Ltd
Company Reg No	2XXXXX908W
Email Address	feliciantan80@hotmail.com
Mobile Phone No	(Phone) +65-64588480
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00036772201

#### DRIVER

Name of Driver	Muhammad Zahidfatoni Bin Kasimi
NRIC No	SXXXX568D
Date Of Birth	27/10/1966
Occupation	Outdoor

Date Of Driving Pass	15/03/2014
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87838040
Alt. Phone Number	-
Email Address	feliciantan80@hotmail.com
Address	Blk 114 Bedok North Street 2
Address complement	#02-232
Postcode	460114
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to the attached Police Report No. T/20221018/2082

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5447H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger
Gender	Female

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	Muhammad Zahidfatoni Bin Kasimi
Gender	Male
Phone No	(Phone) +65-87838040
Address	Blk 114 Bedok North Street 2
Address Complement	#02-232
Post Code	460114
Approximate Age Years Old	55
Injuries Sustained	7 stitches and pain in the rib area.
Injured person in which vehicle?	GBK8480M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 2

Name of injured person	-
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG5447H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 3

Name of injured person	-
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG5447H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

VEHICLE NO: GBK8480M

MAKE &amp; MODEL: Toyota Dyna 150 5MT AUTO / MANUAL

DATE OF ACCIDENT	16 / 10 / 2022	*C.C.
TIME OF ACCIDENT	1 pm	AM / PM
LOCATION OF ACCIDENT	Ang Mo Kio Ave 5 x Ang Mo Kio Ind Park 2.	
ACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Yishun Towing Pte Ltd	
MAIL	feliatiati80@hotmail.com	Office: 6458 8480 MOBILE:
RIC	200106908W	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
LEET POLICY:	YES / NO ?	
INSURANCE CO.	China Tai Ping	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00036772201	
NAME OF DRIVER	AS ABOVE / IF NO: Muhammad Zahidfatoni Bin Kasimi	
RIC	S1775568D	
DATE OF BIRTH	27 / 10 / 1966	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	15 / 03 / 2014	
ENDER	Male / Female	
CONTACT NO.	Mobile: 87838040	Office: Home:
MAIL	feliatiati80@hotmail.com	
ADDRESS	Blk 114 Bedok North Street 2 #02-232 Singapore 460114	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.	INSURER:
RELATIONSHIP	<u>Employee</u> / If No.	
WEATHER CONDITION	<u>Clear</u> / Raining / Other.	
ROAD SURFACE	<u>Dry</u> / Wet / Other.	
ANY INJURIES	No / If yes: Who? Muhammad Zahidfatoni Bin Kasimi (Driver of GBK8480M)	
CONVEYED BY AMBULANCE	No / If yes: Who? Driver and passenger of SLG 5447 H.	
POLICE REPORT	No / If yes: Where? Bedok NPC	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SLG 5447 H	Any Passenger: 1 + 1 Driver
NAME		
CONTACT NO.		
VEHICLE C NO.	SBS 6759 G	Any Passenger: UNKNOWN (1 Driver)
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
Offering accident claims assistance?	YES / NO	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

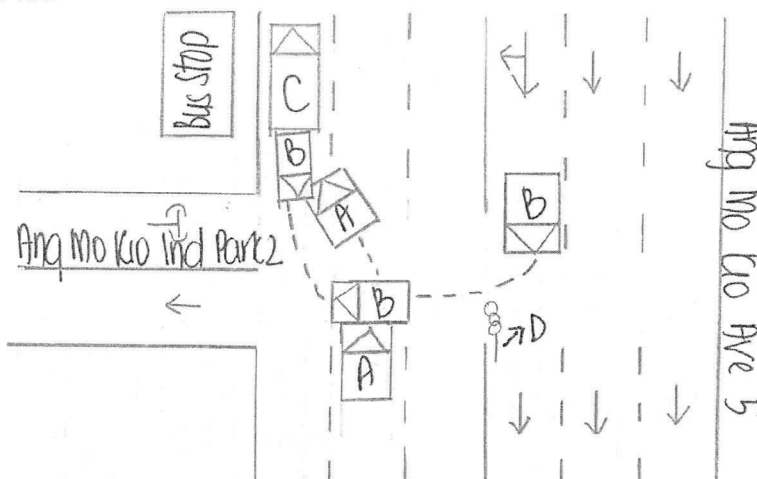
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

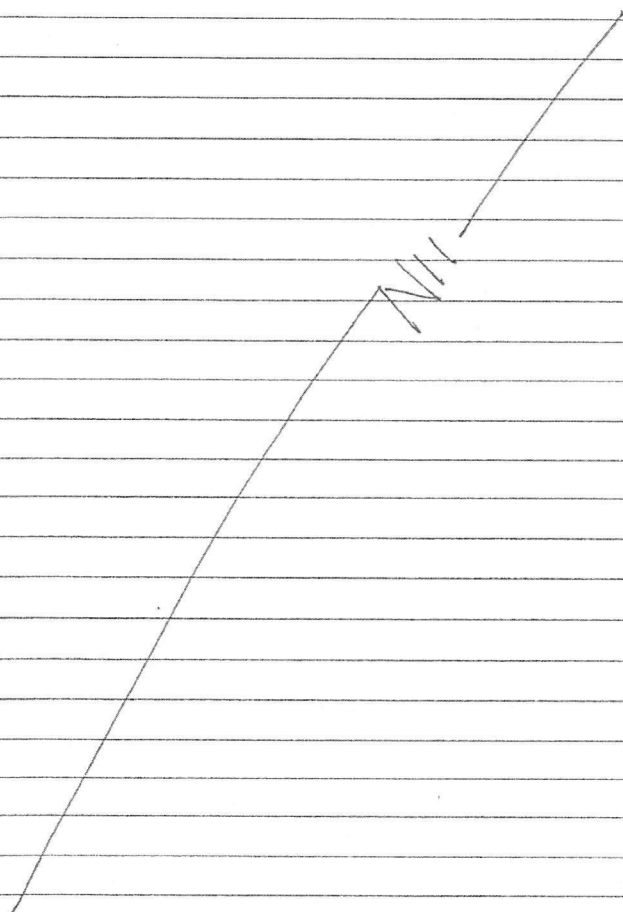
### Sketch Plan



- A) GBK 8480 M
- B) SLG 5447 N
- C) SBS 6759 G
- D) Traffic light.

Describe Circumstances of the Accident

Refer TO Police Report T/20221018/2082



Declaration

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time

 16/12/2022  
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20221018/2082

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20221018/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/10/2022 17:50		Vide Report No.:		Station Diary No.: 72	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD ZAHIDFATONI BIN KASIMI			Address: APT BLK 114 BEDOK NORTH STREET 2 #02-232 SINGAPORE 460114		
ID Type / ID No.: NRIC NO / S1775568D			Contact No.: Home/Office: Mobile: 87838040		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 27/10/1966	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3		Date of Expiry: 08/06/2027

<b>General Information of the Accident</b>				
Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2022 13:15	Type of Location: T-Junction
Location:  ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK8480M	Lorry				Seriously Damaged	0
SLG5447H	Car				Totally Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20221018/2082

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20221018/2082

**CONTINUATION OF REPORT**

Driver			
Name	MUHAMMAD ZAHIDFATONI BIN KASIMI	ID No.	S1775568D
Related Vehicle	GBK8480M (Lorry)	Contact No.	87838040
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 08/06/2027
Date Treatment	16/10/2022	Date Discharge	16/10/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, day, time and location, I was travelling along Ang Mo Kio Avenue 5 towards CTE. I was reaching the junction of Ang Mo Kio Ave 5 and Ang Mo Kio Industrial Park 2 and was travelling at a constant speed. The traffic light was green to my favour and I saw a SBS Bus going straight to Ang Mo Kio Ave 5. As I was approaching the junction, a silver car SLG5447H abruptly turned right after the Bus had gone straight. I tried to apply my emergency brake however I could not avoid the car as such, I collided into the left side of the car. I observed that the car had one female passenger at the back.

All three of us were conveyed to Sengkang General Hospital and TP had attended to the scene. I did not managed to gather any particulars from the other party. I suffered 7 stitches and was given 7 days of MC. I suffered pain on my rib area as well due to the impact of hitting onto the steering wheel. Both of our vehicles were seriously damaged.

I am lodging this report to claim insurance and because the TP IO asked me to.



**SINGAPORE  
POLICE FORCE**



T/20221018/2082

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Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20221018/2082

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

G /

SGT 1 MOHAMED QAYYUM

MARICAN S/O AHMAD

MARICAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / FAIT /

SR STAFF SGT MARIAH BINTE ZAKARIA

Contact No.: 65476258

Signature Of Informant:

Date/Time:

18/10/2022 17:50

Classification Of Case:

NP168



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ301/C

R SN

AN0478A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00036772201

Engine No.: 1KDB010569

Cha. No.: JTFAT35Y40K214562

1. Index Mark and Registration  
Number of Vehicle

GBK8480M

AUTOSAFE  
=====

2. Name of Policy Holder

YISHUN TOWING PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

24/03/2022  
(00:00:00)

Excess Sect I . S\$500.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

23/03/2023

5. Persons or Classes of Persons entitled to drive\*

- (1) Whilst the vehicle is being used in connection with the Policyholder's business  
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.  
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes  
Any person who is driving on the Policyholder's order or with their permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use.\*

- (1) Use in connection with the Policyholder's business.  
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.  
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  
(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : ABWIN PTE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INSURE HUB PTE LTD  
Authorised Officer

Authorised Signatory